

R E S T R I C T E D

OFFICE OF CIVILIAN DEFENSE
WASHINGTON, D. C.

CIVIL AIR PATROL

OPERATIONS DIRECTIVE)
NO. 26)

NATIONAL HEADQUARTERS
WASHINGTON, DECEMBER 1, 1942

ACCIDENT REPORTS - CAP OPERATING BASES AND STATIONS

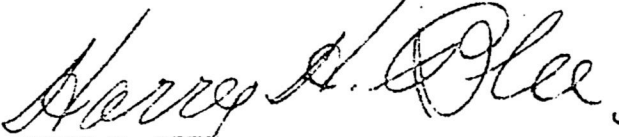
1. In cases of forced landing or other accidents of any consequence, the Base or Station Commander will forthwith issue Special Orders appointing from among the members of his Command an Accident Investigation Board composed of three pilots, one observer and one mechanic, each of whom shall have been on duty with the Command for a period of not less than ten (10) days. The members so designated will elect one of their members as Chairman of the Board and one as Secretary and will immediately proceed with a complete investigation and study of the accident.

2. The Accident Investigation Board will collect all available information and evidence bearing on the accident and will take written signed statements from all survivors and witnesses. Each such statement will be witnessed by the Chairman of the Board with his signature. The original signed copies of said statements will be attached to the Report of the Accident Investigation Board as exhibits.

3. As soon as the Board has completed its investigation and study, it will prepare a written report setting forth its findings, conclusions, and recommendations. This report will follow the form attached hereto and will be signed by each member of the Board. Copies of this form are not available for distribution by National Headquarters.

4. The original copy of said report, complete with signed statements obtained from survivors and witnesses, together with a copy of the Special Orders appointing the Board, will be submitted to the Base or Station Commander, who will immediately forward same to National Headquarters with any supplementary statement or comment he may have to offer.

By direction of National Commander JOHNSON:


HARRY H. BLEE
Colonel, Air Corps
Operations Officer

Attachment

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M-3565

R E S T R I C T E D

4-0590-NOBU-COS-WP

CIVIL AIR PATROL
NO.
(Name of Patrol or Station)

(Location)

(Date)

REPORT OF ACCIDENT INVESTIGATION BOARD

1. Place, date, and hour of accident
2. Make of aircraft Model NC Engine Make
H.P. Time on aircraft since last overhaul
Time on engine since last overhaul
3. Name and address of aircraft owner
4. List of flight instruments with which airplane was equipped

Was aircraft armed? List armament
5. List of all special equipment, other than armament, that was carried at
time of accident
6. If plane was on courier assignment, list cargo carried and approximate
weight
7. Name of pilot
Address of pilot
CAP Serial No. Date assigned to Patrol or Station

12/1/42

Hours this type assignment Total time as pilot

Types aircraft flown

CAA Certificate No. Grade Ratings

8. Result of accident to pilot

9. Name of observer

Address of observer

CAP Serial No. Date assigned to Patrol or Station

Hours this type assignment Total time as observer

Was observer certified pilot? If so, give grade, certificate no.
and ratings.

10. Result of accident to observer

11. Names and addresses of any passengers

12. Authority of passengers for flight

13. Result of accident to passengers

14. Damage to aircraft

15. Can aircraft and/or engine be repaired or rebuilt?

12/1/42

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16. Did investigation of accident reveal any structural or engine failure?

State complete details

17. Time of take-off No. of gallons of gas carried at take-off

Was aircraft inspected prior to take-off? By whom?

Title

Was aircraft okayed for flight duty? By whom?

Title

18. Weather at time of accident: Amount and type of cloud

Ceiling or base of cloud

Weather (rain, snow, fog, thunderstorm, icing, etc.)

Visibility Wind direction and velocity

19. Name and address of hospital to which injured were taken

20. Name and address of attending physician

21. Names and addresses of all witnesses

22. List of signed statements of survivors and witnesses:

Exhibit A, Statement of

Exhibit B, Statement of

Exhibit C, Statement of

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Exhibit D, Statement of _____

Exhibit E, Statement of _____

Exhibit F, Statement of _____

23. Statement of all facts relating to the accident as determined by Accident Investigation Board. (Attach additional sheets if necessary) _____

24. Statement of conclusions of Accident Investigation Board. (Attach additional sheets if necessary) _____

25. Recommendations of Accident Investigation Board. (Attach additional sheets if necessary) _____

12/1/42

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26. I hereby certify that the answers to all of the above questions are true and correct to the best of my knowledge and belief.

Signed _____
(Name Typed)
Chairman

Signed _____
(Name Typed)
Secretary

Signed _____
(Name Typed)
Member

Signed _____
(Name Typed)
Member

Signed _____
(Name Typed)
Member